

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Austin Scott for Congress Inc**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TODD YOUNG, INC.**

Mailing Address PO BOX 1053

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2015

City	State	Zip Code
BLOOMINGTON	IN	47402

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : B1DDE3BD607C542C9BB9

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Todd Christopher Young**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: IN District: 09

Full Name (Last, First, Middle Initial)

**B. RON DESANTIS FOR FLORIDA**

Mailing Address PO BOX 1425

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

City	State	Zip Code
PONTE VEDRA BEACH	FL	32004

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : B388CD594D2EC4636B50

Purpose of Disbursement  
Contribution

Candidate Name

**Ronald D Desantis**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: FL District:

Full Name (Last, First, Middle Initial)

**C. STUTZMAN FOR SENATE**

Mailing Address PO BOX 129

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2015

City	State	Zip Code
HOWE	IN	46746

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : BD07EA35184384878B66

Purpose of Disbursement  
Contribution

Candidate Name

**Marlin A Stutzman**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: IN District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

6000.00